

New Client Information



Info Taken By: _____

Today's Date: _____

Filing Status (please check one)

- Single Married Filing Jointly Married Filing Separately Head of Household

Taxpayer Name (Last, First, M.I.): _____

Spouse Name (Last, First, M.I.): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary phone number you would like to be reached at: _____

This number is: My My spouse's Cell Home Work number

Alternate Phone number : _____

This alt number is: My My spouse's Cell Home Work number

Taxpayer Social Security Number: _____

Spouse Social Security Number: _____

Taxpayer Date of Birth: _____

Spouse Date of Birth: _____

Taxpayer Occupation: _____

Spouse Occupation: _____

Do you or your spouse work out of state? Yes No **If Yes, Which State:** _____

Do you own your own home? Yes No

Do you have dependents? Yes No

If yes, please provide names, DoB's, SSN's, and relationship to you in the space below:



New Client Information



Self-Employment

Are you self-employed? Yes No

Is Yes, Which Type? Sole Proprietorship LLC S-Corp C-Corp Partnership

If your business has a federal ID number, please include it here: _____

Name of Business: _____

Description of Business: _____

You require us to prepare: W2's 1099's 1040-ES Other: _____

Rental Properties

Do you own any rental properties? Yes No If so, how many? _____

Physical Address of the rental properties: _____

Please specify the of property: Vacation / Short-Term Self-Rental Single-family residence
 Multi-family residence Commercial Property Land Other _____

How many days of the year is this property available for fair use rental? _____

How many days, if any, is this property used for personal use? _____

Did you make any payments in 2022 that would require you to file form(s) 1099? Yes No

Miscellaneous

If there are any other comments, concerns, or major changes in your tax situation not covered here, please ask or describe them in the space below:

